



Missouri Department of Natural Resources
MISSOURI PROJECT WET
FACILITATOR SURVEY FORM

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

PROJECT WET WORKSHOP INFORMATION

Workshop date(s) _____ Location _____

Length of time _____ Number of participants _____

1. Briefly outline your workshop format, including which activities you used.
2. Summarize the expenses and revenues involved in your workshop. Include any local support and any in-kind services from local agencies or industries.
3. Tell us your overall view of the workshop -- include problems and successes and your assessment of the participants' responses.
4. I would _____ would not _____ be interested in facilitating another Project WET workshop because _____
5. Number of Participant Survey Forms attached _____